

CHILD ABUSE & NEGLECT



Summary

One-fifth of Washington adults report some history of childhood physical or sexual abuse, equivalent in 2002 to an estimated 800,000-1,000,000 adults. Only a portion of this abuse is reported to Child Protective Services (CPS). In 2001 there were 38,275 accepted referrals¹ to CPS for child abuse and neglect in Washington, involving 45,420 different children (equivalent to 30 children in accepted referrals per 1,000 children).

Studies suggest that in addition to causing direct suffering, child abuse has long-term implications for poor health outcomes, including effects on physical and emotional well-being and increased risk for delinquency, substance abuse, adolescent pregnancy, suicide attempt, and sexual-risk behaviors for increased risk of HIV.

Home visiting by a nurse to high-risk families during pregnancy and infancy reduced maltreatment over a 15-year period in one study. There is a need for more accurate measures and for development and evaluation of long-term, multifaceted programs that are effective in preventing and treating child abuse.

REAL STORIES OF ABUSE DEATHS INVOLVING WASHINGTON CHILDREN

Eleven-month-old Taylor died of an abusive head injury from being shaken and thrown against the wall by a parent because she would not stop crying.

Cody, age 4, was beaten to death with the butt of a handgun by a family friend who was using illicit drugs at the time.

Alex, age 1, died from being beaten by the boyfriend of his mother. He was noted to have multiple bruises all over his body as well as old cigarette burns on his feet. The family had a history of referrals to CPS.

¹ An accepted referral is a referral to Child Protective Services that passed an initial screening to determine whether investigation is required. One accepted referral could include multiple children in a home.

- Provide sensitive, responsive care to children. Caregivers should spend time with their children doing activities together that are meaningful. Caregivers should listen to their children and be aware of their interests, activities, and friends.
- Attend parenting classes and support groups to learn about child development, gain non-punitive discipline and guidance skills, learn techniques for managing family life and reducing stress, and connect with other parents who share similar experiences.
- Discipline should be done thoughtfully. Remember that discipline is a way to teach children. Privileges can be used to encourage good behavior and time-outs can be used to help children regain control. Negative control tactics such as yelling, insulting, threatening, and spanking can increase defiant behaviors.
- Promote peaceful resolutions to conflict by being a good role model.
- Teach children their rights. Children should know that they have a right to be safe and that abuse is not their fault.
- Any person who has reasonable cause to believe that a child has suffered abuse or neglect should report suspected abuse to Child Protective Services (1-800-END-HARM).
- More information is available at www.wcpca.wa.gov.

- Provide public education about what abuse is, how to recognize abuse, and how to report it. Information is available from the Washington Council for Prevention of Child Abuse and Neglect (www.wcpca.wa.gov) and Child Welfare League of America (www.cwla.org).
- Any person, who has reasonable cause to believe that a child has suffered abuse or neglect, may report, in good faith, such incidents to law enforcement or the Child Protective Services (1-800-END-HARM).
- People in the community required by state law (RCW 26.44.030) to report child abuse or neglect include:
 - Medical practitioners and licensed health service providers.
 - Professional school personnel (including, but not limited to, teachers, counselors, administrators, child care facility personnel, and school nurses).
 - "Social services counselors" (anyone engaged in a professional capacity during the regular course of employment in encouraging or promoting the health, welfare, support, or education of children, or providing social services to adults or families, including mental health, drug and alcohol treatment, and domestic violence programs).
 - Licensed or certified childcare providers or their employees.
 - Coroners, medical examiners, and licensed pathologists.
 - Registered pharmacists.
 - Department of Social and Health Services employees.
 - Law enforcement officers, juvenile probation officers, and Department of Corrections employees who become aware of possible child abuse or neglect during the course of their employment.
- Staff of responsible living skills programs or HOPE centers (temporary residential placements for street youth).
- Staff or volunteers in the state family and children's ombudsman office².
- Any adult who resides with a child suspected to have suffered severe abuse.
- Support efforts to educate and prevent Shaken Baby Syndrome. The Washington Council for Prevention of Child Abuse and Neglect's "Babies are Fragile" campaign (www.wcpca.wa.gov/sbscampaign.asp) has developed materials that can be used for this purpose.
- Support programs to prevent abuse, to protect children from abuse that has occurred, and to mitigate the adverse effects of abuse on children's development.
 - Too often, intervention occurs only after abuse is reported. Support programs, such as home visits by nurses who provide assistance for newborns and their parents, which can stop abuse before it occurs.
 - Health care professionals can provide identification, screening, and referral for abused children.
 - Provide opportunities for abused children to attend therapeutic child care programs. Several programs of this type have shown positive effects on development, and they may prevent the intergenerational transmission of abuse.
 - Other programs that may be helpful in preventing or responding to abuse include mental health services and alcohol and drug treatment; support services, such as food banks, job training, crisis nurseries, respite care, emergency housing, and transportation; and parenting education.

² An ombudsman is an official who is designated to assist in overcoming the delay, injustice, or impersonal delivery of services.

Introduction

Child abuse is a serious problem by any measure, but underreporting, varying definitions, changes in community perceptions over time, and other issues hinder accurate measurement.

Data on child abuse are limited because most cases are not coded as such on the death certificates or as a reason for hospitalization.

Washington State law defines child abuse as: "Abuse or neglect" means the injury, sexual abuse, sexual exploitation, negligent treatment, or maltreatment of a child by any person which indicate that the child’s health, welfare, and safety is harmed (RCW 26.44.020).

Findings From Washington CPS and Survey Data

- CPS records indicate that in 2001, 30 per 1,000 children statewide were involved in referrals that were accepted for child abuse and neglect investigation.
- Data from the 2002 Washington Healthy Youth Survey show that about 16-18 percent of youth in eighth, tenth, and twelfth grades reported being physically abused by an adult at some point in their lives. In a similar survey in 1995, about 14-18 percent reported being sexually abused.
- Data from the 2002 Washington Behavioral Risk Factor Surveillance System (BRFSS) show that about 11 percent of adults reported being physically abused as children, and 12 percent reported being sexually abused.

Time Trends

Comparable data are not available for time trend analysis³.

Age and Gender

The rates of children in CPS-accepted referrals in 2001 were similar for males (29.6 per 1,000 children) and females (30.8 per 1,000 children).

The rates of children in CPS-accepted referrals in 2001 were the highest for children 0-5 years old (37.5 per 1,000), followed by children 6-11 years old (30.8 per 1,000), and children 12-17 years old (19.3 per 1,000).

According to data from the 2002 Washington Behavioral Risk Factor Surveillance System, females are about three times more likely to report a history of childhood sexual abuse compared to males, and females are as likely as males to report physical abuse during their childhood.

Self-Reported History of Abuse as a Child Washington 2002		
	Adult Females ⁴	Adult Males
Sexual Abuse ⁵	18.3% ± 1.8%	5.7% ± 1.1%
Physical Abuse	11.2% ± 1.4%	11.3% ± 1.8%

National 2001 CPS data suggest that children 0-3 years old are at the greatest risk of any abuse, and reported abuse declines with the age of the child.

³ See Trend Analysis section in Appendix D.
⁴ Ages 18 and over.
⁵ Sexual abuse includes those adult respondents reporting they were

sexually abused and those reporting they were both physically and sexually abused. Physical abuse includes those reporting they were physically abused and those who were both physically and sexually abused.

Local child death review teams reviewed 882 unexpected child deaths during 1999-2001. After examining the circumstances surrounding the child's death, local teams concluded whether the abuse or neglect was a direct factor in the death.⁶ A team's conclusion that abuse or neglect was a factor in a child's death can be more subjective than the strict legal definitions used in a court of law, and may reflect a community standard rather than a legal one.

Key findings include:

- For 165 deaths (19 percent), either physical abuse or neglect was cited by the local teams as a contributing factor in the child's death. Physical abuse was cited in 36 (4 percent) of the deaths and neglect was cited as a factor in 143 (16 percent) of the deaths.⁷

**Child Death Where Abuse and/or Neglect Cited as a Factor
Washington 1999-2001**

Manner of Death	Number of Deaths Reviewed	Number with Abuse and/or Neglect Cited as a Factor in the Death	Percent with Abuse and/or Neglect Cited as a Factor in the Death
Non-Injury	355	33	9
Unintentional Injury	370	80	22
Suicide	64	11	17
Homicide	67	35	52
Undetermined	26	6	23
Total	882	165	19

- For 36 deaths in which physical abuse was cited, 30 (83 percent) were homicides, four deaths (11 percent) were due to unintentional injury, one (3 percent) was a suicide, and one (3 percent) was undetermined.

Abuse was cited in non-homicide deaths if the teams felt it contributed directly to the child's death.

- For the 30 homicides in which physical abuse was cited as a factor, the person inflicting the injury was a parent in 15 (50 percent), a parent's boyfriend or girlfriend in five (17 percent), a relative or friend in six (20 percent) and an other person in four (13 percent).
- Fifty-four (33 percent) of the 165 physical abuse and/or neglect deaths involved a child with a known history of abuse or neglect, and 48 (29 percent) of the deaths were in families with a known history of domestic violence.
- The majority (70 percent) of the 165 deaths where abuse or neglect was cited as a factor were to children less than 10 years old.
- Impairment by or use of alcohol and/or other drugs by one or more persons was cited as a factor in 41 (25 percent) of the 165 physical abuse and/or neglect deaths. In seven deaths, the child was impaired; for 21, the caretaker was impaired; and for 19, impairment was by a third party such as the perpetrator or a parent's partner.⁸
- Teams reported that 135 (82 percent) of the 165 deaths were preventable, eight (5 percent) were not preventable, and teams were unable to determine preventability in 22 (13 percent) of the deaths. Twenty (67 percent) of the 30 deaths where teams reported the death was not preventable or they were unable to determine preventability were deaths due to unintentional injury or non-injury causes.

⁶ Guidance on determining abuse and neglect is included in instructions to the team and are based on definitions from the Department of Social and Health Services (see Appendix D for definitions).

⁷ Some deaths had both abuse and neglect cited as factors in the child's death.

⁸ Persons impaired may total more than the number of deaths because more than one party could have been impaired.